

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037180

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2518

FILED SEP 20 1962

1. PLACE OF DEATH
a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON BARRACKSLength of stay in 1b
1147 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR VETERANS ADMINISTRATION
INSTITUTION HOSPITALInside Limits
Yes ☒ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY SAINT CLAIR

c. CITY OR TOWN EAST ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3907 MAPLE AVENUEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
EDGAR RUDOLPH REISS4. DATE OF DEATH
Month Day Year
AUGUST 29, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-3-1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY

ELECTRICAL WORK

11. BIRTHPLACE (City and state or country)

BELLEVILLE, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM REISS

13b. MOTHER'S MAIDEN NAME

MATILDA FAAS

14. NAME OF HUSBAND OR WIFE

ANNA G. REISS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Illinois

Mrs. Anna G. Reiss, 3907 Maple, East St. Louis

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE MYOCARDITIS

INTERVAL BETWEEN
ONSET AND DEATH

19 HOURS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

15 YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

CHRONIC BRAIN SYNDROME ASSOCIATED WITH CEREBRAL ARTERIOSCLEROSIS

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m.-p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-8-59, to 8-29-62, and XXXXXXXX

Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. O. Pfeiffer, Chief of Staff

22b. ADDRESS

VA HOSP. JEFF. BRKS. MO.

22c. DATE SIGNED

8-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

JOHN J. KASSLY E. ST. LOUIS

8-29-62

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Kandy III
Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.